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Document Description: Petition to withdraw attorney or agent (SB83)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

	Application Number	09/669,852
	Filing Date	September 27, 2000
	First Named Inventor	Horton
	Art Unit	2153
	Examiner Name	Strange, A.N.
	Attorney Docket Number	20009.0019US01 (00150)

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				
Please withdraw me as attorney or agent for the above identified patent application, and				
	all the practitioners of record;			
\checkmark	the practitioners (with registration numbers) of record listed on the attached paper(s); or			
	the practitioners of record associated with Customer Number:			
NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.				
The reason(s) for this request are those described in 37 CFR:				
	10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 10.40(b)(4)			
	10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iv)			
	10.40(c)(1)(v) 10.40(c)(1)(vi) 10.40(c)(2) 10.40(c)(3)			
	10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:			
Certifications				
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.				
1. I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.				
2. / I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.				
3.				
Please provide an explanation, if necessary:				

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71. Change the correspondence address and direct all future correspondence to: The address of the inventor or assignee associated with Customer Number: _ OR Inventor or В Assignee name Address City State Zip Country Telephone Email I am authorized to sign on behalf of myself and all withdrawing practitioners. Signature /Jeramie J. Keys/ Name Registration No. 42,724 Jeramie J. Keys Address P.O. Box 71355 State GA Zip 30007-1355 Country USA City Marietta Date Telephone No. 770-643-8912 June 22, 2009

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NOTE: Withdrawal is effective when approved rather than when received.

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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